

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003393

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1248

FILED FEB 8 1963

VS 300  
Rev. 4/59

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1290-0

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USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ,

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1446 SO. GRAND</u>		d. STREET ADDRESS (If outside, give location) <u>1446 SO. GRAND</u>	
3. NAME OF DECEASED (Type or print) First <u>IR. HEBER</u> Middle <u>B</u> Last <u>DE PEW</u>		4. DATE OF DEATH <u>2-4-63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 30 1879</u>
9. AGE (last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEDICAL DOCTOR</u>	11. BIRTHPLACE (City and state or country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY <u>U-S-A.</u>
13a. FATHER'S NAME <u>DR EZRA W DE PEW</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE CADWELL</u>	
14. NAME OF HUSBAND OR WIFE <u>NELLIE DE PEW</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WART</u>	
16. INFORMANT <u>EDWARD A. WALSH 1936 KRAFT</u>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u> DUE TO (b) <u>Pulmonary Emphysema</u> DUE TO (c) <u>Arterio-sclerotic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 yr</u> <u>2 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>527.1</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>2-2-61</u> to <u>2-4-63</u> and last saw him alive on <u>2-3-63</u> Death occurred at <u>2-4-63</u> <u>8:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>McLanahan Dahms M.D.</u>	
22b. ADDRESS <u>1452 So Grand</u>		22c. DATE SIGNED <u>2-5-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>FEB 7 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOLF LAKE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>WOLF LAKE IND</u>
24. FUNERAL DIRECTOR <u>Thomas Kettis 2906 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>FEB 5 1963</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Berley Thompson Jr

Licensed Embalmer No. 4861

P. O. Address St Louis 19 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.